

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/520,169
Filing Date	(Int'l) July 7, 2003
First Named Inventor	Andrew David BACON
Title	METHOD TO ENHANCE AN IMMUNE RESPONSE OF NUCLEIC ACID VACCINATION
Art Unit	1632
Examiner Name	S. Chen
Attorney Docket No.	429022000800

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

- Practitioners associated with the Customer Number:
 OR
 Practitioner(s) named below:

Name	Registration Number	Name	Registration Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

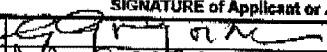
- The address associated with the above-mentioned Customer Number:
 OR
 The address associated with Customer Number:
 OR

<input type="checkbox"/> Firm or <input type="checkbox"/> Individual Name	<input type="text"/>		
Address	<input type="text"/>		
City	State	Zip	<input type="text"/>
County	Telephone	<input type="text"/>	Email

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12 December, 07
Name	Pro. G. Gregori Adams	Telephone	<input type="text"/>

Title and Company Inventor Assignee Other LIPOXEN TECHNOLOGIES LTD

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of forms are submitted.